Complete the info
☐ Initial the boxes
Print & sign your name

ARCTIC PAWS DOG SLED TOURS INC. 2016
WAIVER, RELEASE OF LIABILITY, AND ARBITRATION AGREEMENT
FAMILIES TOGETHER USE ONE FORM

NAME ON TOUR REQUEST: _____ TOUR TIME: _____
Last name First name

TOUR DATE _____/_____/_____ NUMBER OF ADULTS # _____NUMBER OF CHILDREN UNDER 18 #_____

This document affects and limits your legal rights. You must read it carefully and consider it before you initial all paragraphs and sign this document. If you do not understand any part of this document ARCTIC PAWS DOG SLED TOURS INC. will explain it to you. **The participant, or his/her parent(s) or legal guardian(s), (collectively the "Participant"), for himself/herself and on behalf of his/her heirs, assigns, personal representatives and next of kin, discharge ARCTIC PAWS DOG SLED TOURS INC. as follows:**

☐ **a) DISCLOSURE OF RISK:** I am aware that Utility Vehicles, Snowmobiling, Sleigh Rides, Dog Sled Rides travel in the back country and any other scheduled or unscheduled activity in which I am about to voluntarily engage has known and unknown risks. I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential injury, and property loss, physical harm and even death to myself and others. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, and spectators. These risks are not only inherent to participants, but are also present for volunteers.

☐ **b) TO ASSUME ALL RISKS INHERENT IN PARTICIPATING IN THE ACTIVITIES:** I freely and voluntarily assume and accept the risks of any injury or harm to my person or property which may result from the risks describes above.

☐ **c) TO RELEASE, HOLD HARLMLESS AND PROMISE NOT TO SUE**, ARCTIC PAWS DOG SLED TOURS INC. and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers and shareholders, the Facility and their owners, from all liability for any loss, damage, injury, or expense that the Participant (or his/her next of kin) may suffer, arising out of the inherent risks of participation in the Activities, which include, but are not limited to, the instruction received while participating in the Activities.

☐ **d) INSURANCE AND PHYSICAL CONDITION:** I UNDERSTAND THAT ARCTIC PAWS DOG SLED TOURS INC. is not providing any medial or other insurance benefits for me. I am in good health and have no physical condition, disability, impairment or injury that would make it dangerous for me to participate in any ARCTIC PAWS DOG SLED TOURS INC. INC. activity.

☐ **e) MENTAL CAPACITY**: I have NOT consumed alcohol and or used any drugs during the past 24 hours that would impair my ability to safely operate a snowmobile, dog sled team or engage in any other ARCTIC PAWS DOG SLED TOURS INC. INC. activity or tour. You may not participate on the tour if you have a pre-existing heart, spine neck, muscle or joint issue. You should not participate on the tour if you are pregnant.

☐ **d) PHOTOGRAPHS AND VIDEO** I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the our photographers, event holders, producers, sponsors, organizers, and assigns.. I will also not print or post to any social or public media any photographs taken on the tour without prior permission of Arctic Paws Dog Sled Tours Inc.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law

BY SIGNING THIS DOCUMENT I CERTIFY THAT I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, AND UNDERSTAND THAT I/WE ARE AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT THAT I/WE SIGN OF OUR OWN FREE WILL GIVING UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN & DATE THIS AGREEMENT VOLUNTARILY:

Print name _____Signature _____
Print name _____Signature _____
Print name _____Signature _____
Print name _____Signature _____
Print name _____Signature _____
Print name _____Signature _____

FOR PARTICIPANTS OF MINORITY AGE *under the age of 18*

This is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree to his/her release as provided above. **PRINT THE NAME OF YOUR CHILD** UNDER THE AGE OF 18

Print name _____ Print name _____
Print name _____ Print name _____

THE PARENT OR GUARDIAN PRINTS AND THEN SIGNS THE FORM

Print name _____Signature _____